

## COVID-19

#### **Long-Term Care Facility Risk Assessment**

### For determining whether Transmission-Based Precautions should be implemented upon return after a resident leaves the facility.

Answer all questions after assessing if infection control measures were followed. Scores will calculate automatically.

High - Task completed and infection control measure is followed while out of the building (Score 0)

Medium - Task completed but cannot ensure infection control measure was followed while out of the building (Score 1)

Low - Task completed but infection control measure was not followed while out of the building (Score 2)

None - Task not completed and infection control measure not followed while out of the building (Score 3)

None - Task	not completed	and intection	control measure not followed while out of the building (Score 3)			
	completed (Score ot Completed (S	•				
Was the Driver (applicable to transport drivers or family members):						
Screened fo	or temperature a	nd symptom	s of COVID-19 before transporting resident?			
O Yes O	No					
Wearing a f	face mask at all t	imes while tr	ansporting the resident in the vehicle?			
O High	O Medium	O Low	O None			
Was there I	imited occupand	y in the trans	sport vehicle based upon the ability to maintain social distancing			
O High	$\bigcirc$ Medium	O Low	O None			
Was social distancing (minimum of 6 feet) maintained?						
O High	O Medium	O Low	O None			
Was physical touch limited? (e.g., no hugging and kissing)?						
O High	O Medium	O Low	O None			
Before lea	aving the facil	ity was or o	did the resident:			
Screened for temperature and symptoms of COVID-19?						
O Yes O	No					
Perform ha	nd hygiene?					
O Yes O	No					
Wear a face	e mask while in t	he transport	vehicle and during appointment?			
O High	O Medium	O Low	O None			
Was social distancing maintained as much as possible en route to the appointment or outing?						
O High	O Medium	O Low	O None			



During the appointment or outing did the resident:

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Perform h	and hygiene whe	n they arrive	d at their appointment?			
O High	O Medium	O Low	O None			
Maintain s	ocial distancing >	6 feet while	out of the building?			
O High	O Medium	O Low	O None			
Continue t	o wear face mask	c unless med	ical evaluation would necessitate momentary removal?			
O High	O Medium	$\bigcirc$ Low	O None			
Limit toucl	ning horizontal su	ırfaces (cour	tertops, surfaces, magazines, etc.)?			
O High	$\bigcirc$ Medium	O Low	O None			
Perform ha	and hygiene befo No	re leaving?				
Upon ret	urn to the faci	lity was or	did the resident:			
Perform h	and hygiene?					
O Yes O	No					
Unprotected exposures identified (was anyone not wearing a face mask)?						
O High	O Medium	O Low	O None			
Screened for temperature and symptoms of COVID-19 upon return						
O Yes O	No					
Total Risk	« Score					
consider p for 14 days	lacing resident in s. Total Risk Score	quarantine es < 18 indica	control measures have not been followed consistently. Facilities should and on Droplet/Contact Precautions (Transmission-Based Precautions or TBP) ate core infection control measures were routinely followed to protect the d Transmission-Based Precautions are not indicated.			
Resident N	lame:					
Date Asses	ssed:					

